



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 8860

Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/620,246 | <b>FILING OR 371(c)<br/>DATE</b><br>07/15/2003<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1645 | <b>ATTORNEY<br/>DOCKET NO.</b><br>670001-2002.1A |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
 Peter Andersen, Bronshoj, DENMARK;  
 Thomas Oettinger, Hellerup, DENMARK;  
 Peter Birk Rasmussen, Frederiksberg, DENMARK;  
 Ida Rosenkrands, Vorlose, DENMARK;  
 Karin Weldingh, Vorlose, DENMARK;  
 Walter Florio, Carrara, ITALY;  
 Rikke Skjot, Hedehusene, DENMARK;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/050,739 03/30/1998 PAT 6,641,814  
 which claims benefit of 60/044,624 04/18/1997  
 and claims benefit of 60/070,488 01/05/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 DENMARK DK 1997 00376 04/02/1997  
 DENMARK DK 1997 01277 11/10/1997  
 DENMARK DK 1998 01281 10/08/1998

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/20/2003**

|   |  |                                |                               |                                     |
|---|--|--------------------------------|-------------------------------|-------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>DENMARK | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>47 | <b>INDEPENDENT<br/>CLAIMS</b><br>14 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |  |                                |                               |                                     |
| Verified and<br>Acknowledged  | Examiner's Signature                   | Initials                       |                               |                                     |

**ADDRESS**  
20999

**TITLE**  
TB diagnostic based on antigens from M. tuberculosis

|  |   |   |
|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>3110 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|--|---|---|